

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
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**APPPLICANT(S)**

**CLAIMS**

	AS FILED		AMENDMENT AMENDMENT		AMENDED AMENDMENT	
	DID	DEP	DID	DEP	DID	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18						
19						
20						
21						
22						
23						
24						
25	1					
26						
27						
28	1					
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40	1					
41	1					
42						
43						
44						
45	1					
46						
47						
48						
49	1					
50	1					
TOTAL DID.	11					
TOTAL DEP.	10	10				
TOTAL CLAIMS	10	10				

	DHD	DEP	DHD	DEP	DHD	DEP
51	1					
52	1					
53		1				
54		1				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						